

Minnesota

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State CARE Act Program Profile

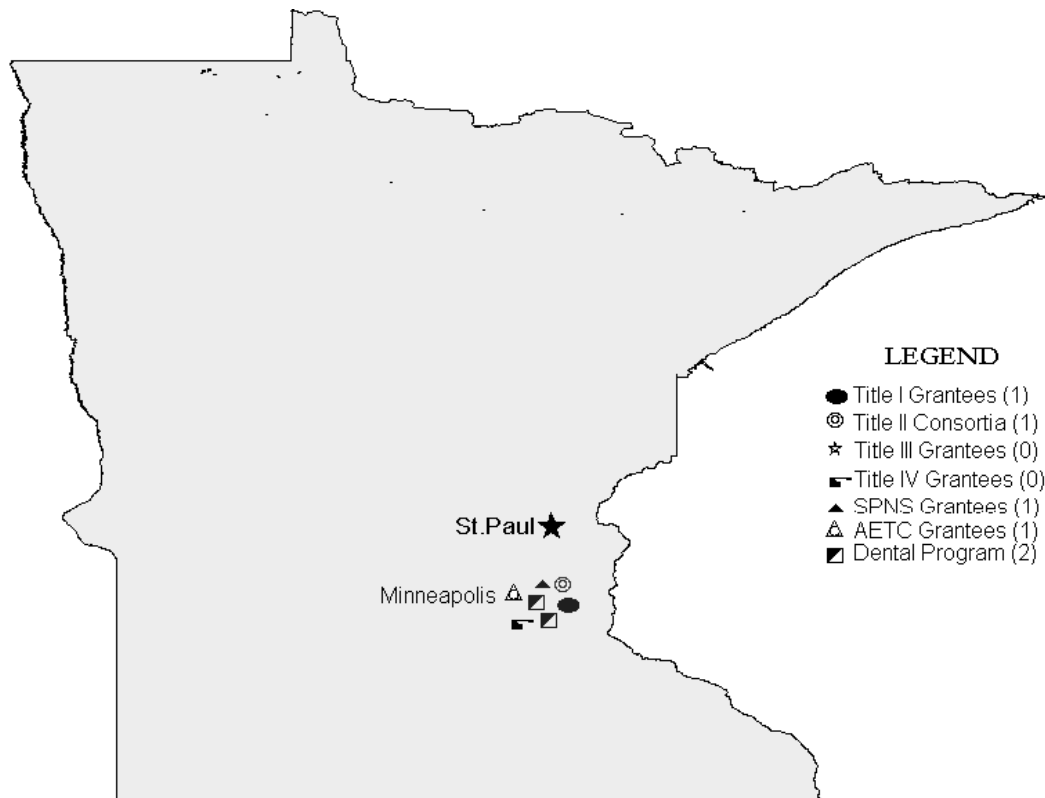
CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$1,370,726	\$1,990,700	\$2,570,712	\$5,932,138
Title II (including ADAP)	\$1,249,617	\$1,878,085	\$2,365,346	\$5,493,048
ADAP	(\$276,067)	(\$841,003)	(\$1,368,209)	(\$2,485,279)
Title III	\$0	\$0	\$0	\$0
Title IV	\$256,109	\$0	\$0	\$256,109
SPNS	\$216,692	\$237,971	\$234,574	\$689,237
AETC	\$90,000	\$65,250	\$90,000	\$245,250
Dental	\$38,220	\$52,178	\$61,138	\$151,536
Total	\$3,221,364	\$4,224,184	\$5,321,770	\$12,767,318

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

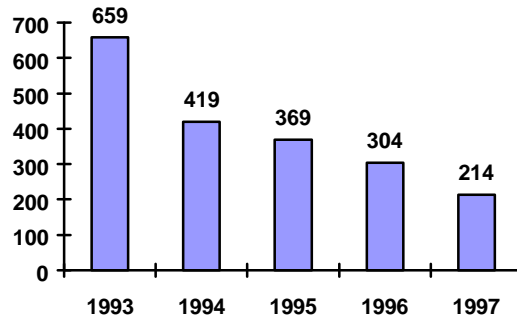
	1996	1997	1998
Title I	1	1	1
Title III	0	0	0
Title IV	1	0	0
SPNS	1	1	1
AETC (grantee or subcontractor)	1	1	1
Dental	1	2	2

Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: Minnesota (Pop. 4,685,549)

- ▶ Persons reported to be living with AIDS through 1997: 1,288
- ▶ New AIDS Cases by Calendar Year, 1993-1997
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997: 2,138
- ▶ State reporting requirement for HIV: Name-based reporting for HIV (initiated October 1985)
- ▶ State AIDS Cases (cumulative) since 1993: 1,965 (<1% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	83%	78%
Women (13 years and up):	17%	22%

	State-Specific Data	National Data
<13 years old :	1%	1%
13-19 years old :	1%	1%
20+ years old :	98%	98%

	State-Specific Data	National Data
White:	60%	33%
African American:	30%	45%
Hispanic:	6%	21%
Asian/Pacific Islander:	1%	<1%
Native American/Alaskan Native:	3%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	54%	35%
Injecting drug user (IDU):	11%	24%
Men who have sex with men and inject drugs (MSM/IDU):	8%	4%
Heterosexual contact:	9%	13%
Other, unknown or not reported:	17%	24%

Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	100%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	0%	8%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	121.6	194.5
Gonorrhea (1996)	58.5	124.0
Syphilis (1996)	0.3	4.3
TB (1997)	3.4	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- ▶ **Gaps:** adherence support; services for low-income people ineligible for public support; poor coordination between physicians, pharmacists and service providers; inadequate HIV testing; and inflexible HIV care/service systems
- ▶ **Emerging Needs:** workforce re-entry; flexibility in service system; ongoing service provider training; better data, needs assessment and evaluation instruments/systems; adherence support; and the impact of aging on PLWH

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	71% FPL
Pregnant Women	275% FPL
Medically Needy	66% FPL

*Income eligibility for State's ADAP program is 300% FPL.

Medicaid Prescription Drug Benefits Limits

Co-payment:	No
Limit on Rx per month:	No
Refill limit:	No
Quantity Limit:	Yes

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: No

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

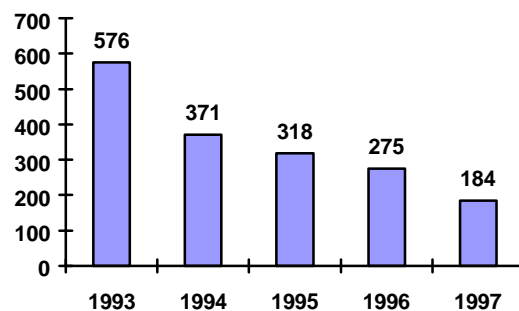
1915(b) waiver(s): Yes

Title I: Minneapolis-St. Paul (Pop. 2,538,834)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, Wright, Pierce, St. Croix Counties
- ▶ Estimated number of people living with AIDS at the end of 1997: 1,161
- ▶ AIDS Cases (cumulative) since 1993: 1,724 (88% of state cases, <1% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	84%	83%	78%
Women (13 years and up):	16%	17%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	0%	2%	2%
20+ years old:	100%	98%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	59%	60%	33%
African American:	34%	30%	45%
Hispanic:	4%	6%	21%
Asian/Pacific Islander:	0%	1%	<1%
Native American/Alaskan Native:	3%	3%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	56%	54%	35%
Injecting drug user (IDU):	10%	11%	24%
Men who have sex with men and inject drugs (MSM/IDU):	8%	8%	4%
Heterosexual contact:	8%	9%	13%
Other, unknown or not reported: (Adults only)	17%	17%	24%

Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$1,172,781	\$1,289,342	\$1,290,942	\$3,753,065
Supplemental	\$197,945	\$701,358	\$1,279,770	\$2,179,073
Total	\$1,370,726	\$1,990,700	\$2,570,712	\$5,932,138

Allocation of Funds

	1998
Health Care Services	\$651,520/25%
Medications	\$0/0%
Case Management	\$693,686/27%
Support Services	\$580,542/23%
Administration, Planning and Program Support	\$644,964/25%

Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 24
- ▶ PLWH on planning council: 8 (33%)

Gender of Planning Council Members

Men:	67%
Women:	33%

Race/Ethnicity of Planning Council Members

White:	67%
African American:	25%
Hispanic:	0%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	8%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

Accomplishments

► Improved Patient Access

- The grantee reported a 20% increase in the total number of people receiving Title I-funded HIV care services between 1995 and 1997. During that period, the number of clients receiving home care services increased by 100%, mental health services by 50%, case management services by 350%, and the number of clients receiving physician prescribed complementary care services increased by 29%.
- The Planning Council allocated funds for the following new services in FY 1997 in order to better serve the African American and Native American communities: 1) development of culturally appropriate home-delivered meals for both populations; 2) establishment of a support group program serving African American women living with HIV; and 3) funding of two new culturally appropriate mental health programs for Native American women and their families.
- In addition, several new access points to services were funded that year including: 1) specialized case management for homeless persons and those using injection drugs; 2) focused outreach to African Americans living with HIV, together with culturally appropriate case management, to facilitate earlier access to medical care and treatment and promote retention in care; 3) culturally appropriate primary care for Hispanics; and 4) a new service providing one-on-one and client group sessions to familiarize PLWH with the multitude of HIV/AIDS resources available through the Internet.
- The EMA also added a housing advocacy program to increase options for PLWH. Staff from this program work with case managers to provide the most current information about available housing and conduct educational sessions with landlords about the housing needs of PLWH.

(Note: Because of the unique nature of Minnesota's health care system which provides access to comprehensive primary HIV care for low-income clients through a variety of State-sponsored insurance programs, Title I pays for a relatively small percentage of the primary medical care costs of PLWH.)

► Improved Patient Outcomes

- The grantee reported that a primary care survey, conducted in both 1997 and 1998, suggests that close to 70% of patients currently in primary care are taking protease inhibitors. The grantee further reports that evidence suggests that for patients not taking protease inhibitors, medical issues or patient choice are the reasons, rather than lack of access to treatment.

► **Cost Savings**

- Discussions with HIV specialists indicate a decrease in hospitalizations since the introduction of new treatments, resulting in cost savings. Although Title I funding is not used for inpatient care, it does cover insurance premiums for PLWH.

► **Other Accomplishments**

- The Title I program funded 16 capacity-building projects in FY 1997, including: 1) a training program for African American church leaders who are responding to the service needs of parishioners with HIV/AIDS; 2) a capacity-building contract with a new African American AIDS service organization to support a strategic planning process; 3) implementation of a new, computerized case management system; and 4) additional funding for two food bank programs to allow them to meet the higher demand during the winter months.

Title II: Minnesota

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$1,249,617	\$1,878,085	\$2,365,346	\$5,493,048
ADAP (included in Title II grant)	(\$276,067)	(\$841,003)	(\$1,368,209)	(\$2,485,279)
Minimum Required State Match	\$0	\$0	\$0	\$0

Allocation of Funds

	1998
Health Care (State Administered)	\$2,186,269/92%
Home and Community Care	(\$5,000)
Health Insurance Continuation	(\$50,000)
ADAP/Treatments	(\$1,380,709)
Direct Services	(\$750,560)
Case Management (State Administered)	\$0/0%
Consortia	\$0/0%
Health Care*	(\$0)
ADAP/Treatment	(\$0)
Case Management	(\$0)
Support Services**	(\$0)
Administration, Planning and Evaluation (Total State/Consortia)	\$149,570/6%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 1

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Minnesota HIV Planning Council	Wayzata	Statewide	\$0

Accomplishments

Clients Served (duplicated count), FY 1996:	1,660
Men:	78%
Women:	22%
<13 years old:	1%
13-19 years old:	1%
20+ years old:	98%
White:	65%
African American:	24%
Hispanic:	5%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	4%
Other, unknown or not reported:	1%
Men who have sex with men (MSM):	70%
Injecting drug user (IDU):	7%
Men who have sex with men and inject drugs (MSM/IDU):	2%
Heterosexual contact:	10%
Other, unknown or not reported:	13%

► **Improved Patient Access**

- The number of clients accessing medications through ADAP rose from 404 in 1996 to 524 in 1998, a 30% increase. Over the same period, monthly utilization increased by 138%, from 102 in 1996 to 243 in 1998.
- The number of clients in the health insurance continuation program rose from 100 in 1994 to 510 in 1996, a 410% increase.
- In 1998, the ADAP formulary was expanded to include 48 drugs.
- During 1996-97, the grantee implemented a centrally managed program to provide access to mental health, transportation, emergency assistance, dental services, transitional housing, and rural services. In the first nine months of 1997, 1,679 clients received these services.

► **Cost Savings**

- The ADAP participates in voluntary rebate programs with eight manufacturers for rebates on 17 different drugs. In addition, participating ADAP pharmacies are reimbursed at a discount negotiated by the grantee.
- The ADAP has on-line access to check the status of new applicants in terms of Medicaid eligibility to ensure that CARE Act funds are the payor of last resort.

► **Other Accomplishments**

- During 1997-98, the Title II program worked successfully with HIV/STD prevention and care programs, Medicaid, maternal and child health services, hospitals, HMOs, and physicians in private practice to implement clinical guidelines intended to reduce perinatal transmission.
- During 1998, the grantee conducted several pilot projects in prenatal clinics to assess which strategies are most successful in fully implementing the guidelines.
- The HIV Clinicians Advisory Committee comprises four HIV specialists, one psychiatrist from a large HIV clinic, one nutritionist, two CARE Act grantee representatives (one each from Titles I and II), one Medicaid pharmacy policy consultant, and the State HIV/AIDS Programs Coordinator. The committee meets as needed to discuss and make recommendations for the ADAP. Client input is provided through consumer surveys.

AIDS Drug Assistance Program (ADAP): Minnesota

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$436,387	\$881,003	\$1,380,709	\$2,698,099
State Funds	\$150,000	\$150,000	\$150,000	\$450,000
Total	\$586,387	\$1,031,003	\$1,530,709	\$3,148,099

Program

- ▶ Administrative Agency: Dept. of Human Svcs.
- ▶ Formulary: 48 drugs, 4 protease inhibitors, 7 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ▶ Asset Limit: Yes
 - ▶ Annual Income Cap: No
- ▶ Co-payment: No
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	524
Number using ADAP each month:	243
Percent of clients on protease inhibitors:	53%
Percent of active clients below 200% FPL:	75%

Client Profile, FY 1996

Men:	89%
Women:	11%

<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	80%
African American:	14%
Hispanic:	5%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	2%

Title IV: Minnesota

Title IV provides funding for the development and operation of family-centered systems of primary health care and social services for infants, children, youth, women, and mothers (including pregnant women) and also serves high-risk individuals affected by HIV due to their relationship to family members with HIV. From FY 1991 to FY 1998, \$241.5 million was appropriated for Title IV programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Funded Programs	1	0	0	
Total Title IV Funding	\$256,109	\$0	\$0	\$256,109

Special Programs of National Significance (SPNS): Minnesota

The goal of the SPNS program is to advance knowledge about the care and treatment of persons living with HIV/AIDS by providing time-limited grants to assess models for delivering health and support services. From FY 1991 to FY 1998, \$119.9 million in funding was dedicated for SPNS programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of programs funded	1	1	1	
Total SPNS Funding in State	\$216,692	\$237,971	\$234,574	\$689,237

Project Descriptions

► University of Minnesota

Location: Minneapolis

Project period: 12/93 - 11/98

Population Served: HIV-infected adolescents (13-23 years old)

Description of Services: The Minnesota YAP project is designed to serve all HIV-infected adolescents, ages 13 to 22, who are reported to the Minnesota Department of Health. Most clients have psychosocial problems, and may engage in unprotected intercourse, share needles, be pregnant or have fathered children, or self-identify as gay, lesbian, or bisexual. The project collaborates with an adolescent early intervention specialist from the state Department of Health to assess clients' health-care needs and bring them into comprehensive care. YAP then provides outreach, early intervention, and case management; partner notification, prevention, and risk reduction training; and comprehensive, family-centered care.

Project Highlights

- YAP has successfully developed and evaluated a comprehensive, coordinated, family-based model of care, involving outreach, early intervention, and service delivery for youth. YAP has provided over 1,000 different services to enrolled participants, including free and confidential testing and counseling.
- YAP has held eight workshops and seminars for approximately 140 participants, including physicians, nurses, and case managers to promote youth-specific approaches to HIV education, treatment, and care.

- YAP created a monograph detailing the program and its findings to be distributed to governmental agencies, education and training centers, HIV/AIDS programs, and policy and planning councils.
- Working in collaboration with existing health care institutions and agencies, YAP has provided enhanced outreach, education, health care, and case management services to targeted youth, broadening the scope and scale of the project's resource network.

AIDS Education and Training Centers: Minnesota

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Midwest AETC
- ▶ States Served: Illinois, Indiana, Iowa, Minnesota, Missouri, Wisconsin
- ▶ Primary Grantee: University of Illinois at Chicago, Chicago, Illinois
- ▶ Subcontractors in State: Univ. of MN, School of Public Health - Minneapolis

Funding History

Year	1996	1997	1998	Total
Total AETC				
Funding for State	\$90,000	\$65,250	\$90,000	\$245,250

Training Highlights from FY 1997

- The AETC's training activities include addressing factors that affect adherence to antiretroviral treatment, interventions to assist adherence and measures of adherence. For example, the AETC collaborated with the Hektoen Institute/Cook County Hospital Primary Care Center to develop a range of curriculum, practice tools and resources to address adherence. The AETC also played a leading role in a national adherence teleconference in November 1998.
- The Midwest AETC has begun to address the HIV care needs of incarcerated populations and conducted a number of training initiatives targeting prison health care providers. One such effort was the "HIV in Corrections...And Back to the Community" conference designed and sponsored by the Western and Eastern Missouri Performance sites with help from the Kansas AETC. The program was offered to medical providers serving prison populations and was attended by both medical providers and prison officials.
- To help providers improve the management of clients co-infected with TB and HIV, the AETC has collaborated with the Chicago Department of Health in designing an ongoing cross-training series for STD/HIV and TB clinic and community outreach staff. Among the outcomes of these trainings have been the development of a standard confidentiality policy for both STD/HIV and TB clinics, and training for TB clinical staff on HIV counseling and testing.

- The Indiana performance site, in collaboration with the Indiana State Department of Health, produced a videotape in response to an emergency rule passed by the Indiana State Legislature. The rule, which requires all prenatal health care providers to counsel pregnant women on HIV testing, went into effect in July 1998. The video is designed to assist healthcare providers to provide consistent, accurate information to patients and comply with the rule.
- The AETC has developed a dissemination process that uses various activities to communicate the most up-to-date information about PHS treatment guidelines and HIV clinical management. Key information is distributed to practitioners by fax. With each fax transmission there is a summary of key information (four pages or less), information on resources for more extensive information, training and support, federal notices (if applicable). The AETC has also developed a grand-rounds curriculum on PHS treatment guidelines. The curriculum has been offered at area hospitals and through local provider organizations. Information about PHS guidelines is included in the AETC's ongoing programs as well.
- In an effort to ensure that HIV services are delivered in a consistent manner, the AETC has served on the Title I program evaluation and quality assurance initiative for services in the Chicago Metropolitan area. Consumers and providers of Title I services have, with the AETC's direction, worked to define, measure and improve service quality using a peer review site-visit model. The AETC offers training to consumers and providers on conducting site visits and is developing study designs to measure Title I service outcomes.

HIV/AIDS Dental Reimbursement Program: Minnesota

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	1	2	2	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$38,220	\$52,178	\$61,138	\$151,536

Accomplishments

Est. clients served, 1996:	391
Men:	87%
Women:	13%
<13 years old:	1%
13-19 years old:	3%
20+ years old:	96%

HIV/AIDS Dental Reimbursement Program Grantees, FY 1998

Grantee Name	Location
Hennepin County Medical Center	Minneapolis
University of Minnesota	Minneapolis